



DIVISION OF CHILDREN AND FAMILY SERVICES
OLYMPIA, WASHINGTON 98504

NOTICE TO:

- ☐ Canadian First Nations Indian Tribe or Band
☐ Non-federally recognized Indian Tribe or Band

TO: (Tribe or Band)			FILE NUMBER:
STREET ADDRESS OR BOX NUMBER:			COURT CAUSE NUMBER:
CITY:	STATE	ZIP CODE:	COUNTY:
NAME OF CHILD:			DATE OF BIRTH:

This letter is to advise you that a court hearing regarding the above named child will take place:

Type of hearing: _____

Date: _____ Time: _____ Location: _____

Mailing address of Court: Location: _____

Telephone number of Court: : _____

This hearing may result in:

- ☐ Foster care or other out of home placement ☐ Permanent loss of parental rights
☐ Other (specify): _____

There is reason to believe that this child is a member of or eligible for membership in the _____

Indian Tribe or Band. The mother's name is: _____

Mother's address is: _____

The father's name: _____

Father's address is: _____

This letter is for purposes of notification only. As a Canadian Indian tribe or Band or a non-federally recognized Tribe or Band, you do not have the automatic right to intervene in a judicial proceeding involving the child nor to request that the case be transferred to the jurisdiction of your Tribe or Band. You may file a motion to intervene pursuant to Superior Court Civil Rule 24. This agency will not oppose your motion. If the court determines that you have a sufficient legal interest in the proceeding, you may be allowed to intervene as a party.

Please contact me if you want more information about the situation and/or if you have services that you would like to offer to the child or family. I will look forward to hearing from you.

PLEASE KEEP THIS INFORMATION CONFIDENTIAL.

SOCIAL WORKER:		DATE:
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	

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